

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212525774			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SAMUELS LIBRARY, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARY M. LYNCH LYNCH 330 EAST CRISER RD. FRONT ROYAL, VA 22630</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WARREN COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2012</p> <p>SCC ID NO: 01771112</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 330 EAST CRISER ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FRONT ROYAL, VA 22630</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOAN K. RICHARDSON TITLE: PRESIDENT ADDRESS: 1080 STONEY BOTTOM ROAD CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOAN K. RICHARDSON TITLE: PRESIDENT ADDRESS: 1080 STONEY BOTTOM ROAD CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOAN K. RICHARDSON TITLE: PRESIDENT ADDRESS: 1080 STONEY BOTTOM ROAD CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: W. MICHAEL FUNK TITLE: TREASURER ADDRESS: 443 SHENWOOD AVENUE CITY/ST/ZIP/CO: WOODSTOCK, VA 22664-1956 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: W. MICHAEL FUNK TITLE: TREASURER ADDRESS: 443 SHENWOOD AVENUE CITY/ST/ZIP/CO: WOODSTOCK, VA 22664-1956	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: W. MICHAEL FUNK TITLE: TREASURER ADDRESS: 443 SHENWOOD AVENUE CITY/ST/ZIP/CO: WOODSTOCK, VA 22664-1956	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN L JEROME TITLE: SECRETARY ADDRESS: 43 CHESTER STREET CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN L JEROME TITLE: SECRETARY ADDRESS: 43 CHESTER STREET CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN L JEROME TITLE: SECRETARY ADDRESS: 43 CHESTER STREET CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY M. LYNCH TITLE: DIRECTOR ADDRESS: 2788 SWIMLEY RD. CITY/ST/ZIP/CO: BERRYVILLE, VA 22611 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY M. LYNCH TITLE: DIRECTOR ADDRESS: 2788 SWIMLEY RD. CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY M. LYNCH TITLE: DIRECTOR ADDRESS: 2788 SWIMLEY RD. CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Brian Bennett TITLE: VICE PRESIDENT ADDRESS: 2415 Panhandle Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Brian Bennett TITLE: VICE PRESIDENT ADDRESS: 2415 Panhandle Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Brian Bennett TITLE: VICE PRESIDENT ADDRESS: 2415 Panhandle Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Mary Anne Biggs TITLE: DIRECTOR ADDRESS: 164 Greystone Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Mary Anne Biggs TITLE: DIRECTOR ADDRESS: 164 Greystone Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Anne Biggs TITLE: DIRECTOR ADDRESS: 164 Greystone Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nellie Adkins DIRECTOR 251 Catletts Ford Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Antoinette Funk DIRECTOR 1204 Devin Court Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carla Repici At Large 6289 Howellsville Rd. Front Royal, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nathan Bott DIRECTOR 118 Luray Avenue Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sonja Carlborg DIRECTOR 210 W. 1st St. Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tom Wilkins DIRECTOR 8376 Stonewall Jackson Hwy Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Richards DIRECTOR 444 Alpine Drive Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARY M. LYNCH		MARY M. LYNCH, DIRECTOR	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			